CACFP Training Requirements
Tracking Worksheet

Organization_____ **Fiscal Year** _____ **(**October 1 through September 30**)**   Page ____ of ____

Name & start date if new	Training	Date	Hrs.	Doc*	Training	Date	Hrs.	Doc*	Training	Date	Hrs.	Doc*	Total Hr

Doc* = Is documentation on file (yes/no). Documentation may be sign in sheets from staff meetings or workshops where CACFP information is covered, a new employee orientation checklist with hours and topics listed or workshop certificates.